



Erie County Department of Public Advocacy
Division of Consumer Protection

CONSUMER PROTECTION COMPLAINT - BUSINESS RESPONSE FORM

Instructions: Complete and return this form via standard mail, email, or fax.
Return information can be located at the bottom of this form.

Name of Consumer: _____ Date Issued: _____

Legal Name of Company: _____

Executive Office Address: _____

Name of President/Member/Sole Proprietor or Owner: _____

Name of person to contact for additional information: _____

Tel: (_____) _____ Email: _____

Response to complaint:

(Enclose copies of documents supporting your position. Use additional pages if necessary.)

In order to resolve this matter, we offer to:

I understand that any false statements made on this form are punishable as a Class A Misdemeanor under §175.30 and/or §210.45 of the Penal Law.

Name (Print): _____ Signature: _____

Title: _____ Date: _____

A COPY OF THIS REPLY WILL BE SENT TO THE CONSUMER

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For more information, visit us at **Erie.gov/consumerprotection**